

Montana Conference Office of Education
RETENTION REQUEST

DUE 1ST THURSDAY IN JANUARY

(SEE POLICY BOOK FOR FURTHER INSTRUCTIONS)

Student name: _____ Present age: (year) _____ (month) _____

Birth Date: _____ Age when entered 1st grade: (year) _____ (month) _____

Present grade placement: _____

1. Reason for retention:

2. Date ITBS test was given: _____

3. Attach copies of ITBS testing strip

4. Teacher evaluation scholastic needs:

5. Methods and materials used to meet special needs:

6. Teacher evaluation of social and emotional development, including attitudes and home background:

7. Survey of past history in school:

8. Physical development (including any health concerns):

9. Report of communication with parents (include dates, parent reactions, etc.):

10. Recommendation of teacher:

Teacher's Signature: _____

Principal's Signature: _____

We have discussed our child's academic achievements with the classroom teacher and have been made aware of the necessity for more instruction. We agree that our child should be retained, depending on the decision of the Conference Office of Education and the school leadership.

Parent's Signature (s) _____

Education Committee Action: Approved: _____ Denied: _____

Signed: _____

Date: _____